

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 5266490

FILING DATE

01-30-06

C. Burt

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2							
3							
4							
5							
6							
7							
8							
9							
10	1		1				
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48							
49							
50							
TOTAL IND.	2	↓	2	↓		↓	
TOTAL DEP.	9	←	9	←		←	
TOTAL CLAIMS	11		11				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
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97							
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99							
100							
TOTAL IND.					↓		
TOTAL DEP.					↓		
TOTAL CLAIMS					←		